

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	306	71058	2/5/00
O.I.P.E. CLASSIFIER			2/1/00-1/20
FORMALITY REVIEW	55	69134	3-23-2000
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 - (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted O ..... Objected

Claim	Date
1	Final Original
2	✓ A A
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40	✓✓
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42	↑ A
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49	✓
50	✓=

Claim	Date
51	Final Original
52	✓
53	✓
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75	✓
76	✓
77	○
78	○
79	✓
80	↑
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92	✓
93	✓
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95	✓
96	✓
97	○
98	○
99	✓
100	✓

Claim	Date
101	Final Original
102	✓
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
staple additional sheet here

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